



JUL 12 2005 12:03PM

AVENTIS US PAT DEPT

NO. 6750 P. 2

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05/09/2005

ROSS J. OEHLER
AVENTIS PHARMACEUTICALS INC.
ROUTE 202-206
MAIL CODE: D303A
BRIDGEWATER, NJ 08807

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Maribel Mendez

(Depositor's name)

Maribel Mendez

(Signature)

7-12-05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,094	09/10/2003	Cecile Combeau	USST01010 US CNT	4317

TITLE OF INVENTION: COMPOUNDS DERIVED FROM OXINDOLES AND THEIR THERAPEUTIC APPLICATION IN CANCER TREATMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/09/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEE, SUSANNAH E	1626	514-414000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/123) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

Joseph Strupczewski

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Aventis Pharma S. A.
Reel/Frame: 016055/0498

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Antony, France
Dated: May 24, 2005

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph Strupczewski

Date

July 12, 2005

Typed or printed name

Joseph Strupczewski

Registration No.

50,903

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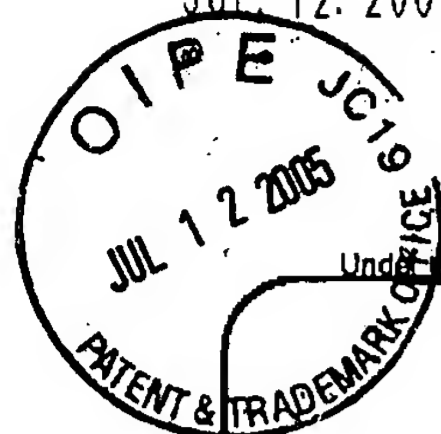
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AVENTIS US PAT DEPT

NO. 6750 P. 1



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/659,094	
	Filing Date	September 10, 2003	
	First Named Inventor	Cécile COMBEAU et al.	
	Art Unit	1626	
	Examiner Name	LEE, Susannah E.	
Total Number of Pages in This Submission	2 pgs	Attorney Docket Number	ST01010 US CNT

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks 1. Enclosed is Issue Fee - 1 page		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Joseph Strupczewski		
Date	07/12/2005	Reg. No.	50,903

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Signature			
Typed or printed name	Maribel Mendez	Date	7-12-05

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